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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

none AS

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

none AS.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MI	SHEETS DRAWING 4	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature <u>AS</u> Initials				

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## TITLE

Welded hip prosthesis

FILING FEE  RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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